

# Kansas Speech–Language Pathology/Audiology Renewal Instructions 10/31/2017

## THERE ARE TWO OPTIONS FOR LICENSE

### OPTION 1 - ONLINE RENEWAL PROCESS

A few reasons the online process may be the choice for you:

Convenience - Available beginning **September 15, 2017**, 24 hours each day, 7 days per week.

Additional Payment Options - electronic Checks, Visa, Master Card, Discover and American Express. NOTE: The payment processor charges a convenience fee of \$3 for electronic checks and \$8 for credit card use.

Immediate Confirmation - User receives a printable confirmation statement verifying the renewal process was successfully completed which also serves as a receipt of payment.

#### Instructions:

Go to [www.kdads.ks.gov/hoc](http://www.kdads.ks.gov/hoc) and click on the [Online License Renewal](#) link

### OPTION 2 - PAPER BASED RENEWAL PROCESS

If paper based renewal is preferred please follow these steps:

- 1) Complete, sign and return the form titled *Speech-Language Pathology/Audiology Licensure Renewal Notice*.
- 2) Enclose \$135 renewal fee made payable to the KDADS or complete and enclose the authorization for payment of fees by Visa or Mastercard.

## Additional Renewal Information

### CONTINUING EDUCATION REQUIREMENTS

A total of 20 hours of continuing education is required for renewal. For those dually licensed, a total of 30 hours of continuing education is required for renewal.

#### Pro-Rated Continuing Education Hours

Each licensee whose *initial licensure period is less than 20 months* is required to obtain not less than one hour of CE for each month in the initial licensure period.

Month in which license was issued	Total CE hours required for renewal
Nov (exp 10/31 2 yrs later-24 mo license)	20 hrs
Dec (23 month license)	20 hrs
Jan (22 month license)	20 hrs
Feb (21 month license)	20 hrs
Mar (20 month license)	20 hrs
Apr (19 month license)	19 hrs
May (18 month license)	18 hrs
June (17 month license)	17 hrs
July (16 month license)	16 hrs
Aug (15 month license)	15 hrs
Sept (14 month license)	14 hrs
Oct (13 month license)	13 hrs

Continued

(Continued)

### PROCESS FOR CONTINUING EDUCATION REVIEW

You must keep all CE documents (certificates, course content, objectives, time-frame agenda) in the event your renewal is randomly selected for CE review, but only then must you submit the information. A copy of the allowable Content and Objectives is enclosed on the second page of the Methods for Earning Continuing Education table. ***The attestation statement on your renewal application form replaces the CE transcript previously required. The online renewal option also includes a CE attestation statement instead of a CE transcript.***

#### •ASHA Programs Are Not Automatically Approved

Please retain certificates, course content, objectives, time-frame agenda in the event your renewal is randomly selected for CE review.

### NAME CHANGES

For those renewing using the paper-based renewal process, please make corrections as needed on the license renewal application to reflect the name change then attach documentation (marriage license/divorce decree) to substantiate change.

For those utilizing the online renewal process, please note that **name changes cannot be made online** and will require that documentation be faxed or mailed (marriage license/divorce decree) to substantiate change. Fax number is 785-296-3075 Attention: Wendy Davis

### REPORTING ASSISTANTS

For those renewing using the paper-based renewal process and supervising a new assistant(s), please complete and return the Notice of Speech-Language Pathology/Audiology Assistant. NOTE: If a previously reported assistant is no longer being utilized please use the same form indicating the date supervision ended.

For those utilizing the online renewal process and supervising a new assistant(s), there is a component within the online process which allows assistant information to be entered. NOTE: Previously reported assistants will be displayed during the online process. Please review the information and update with the date supervision ended if no longer utilizing the assistant(s).

### CRITICAL DATES

All continuing education hours *must be obtained by October 31, 2017*. If the required hours are not obtained by October 31, 2017, the license will expire and would require reinstatement.

All applications, supporting documents and renewal fees must be postmarked or submitted online by the expiration date (October 31, 2017) to avoid a \$50.00 late fee.

Applications received postmarked or submitted online by November 30, 2017 with CE obtained by October 31, 2017 will be charged an additional \$50.00 late fee.

Applications received postmarked 60 days after expiration (postmarked on or after December 1, 2017) will not be accepted for renewal. Licensee will be required to reinstate according to KAR 28-61-7, pay a renewal fee of \$135.00 and a reinstatement fee of \$135.00, and meet continuing education requirements. Renewal fees may be applied toward reinstatement if reinstatement is completed within one year of license expiration.

For questions about the renewal process please contact Wendy Davis at (785) 296-0061 or by email at [wendy.davis@ks.gov](mailto:wendy.davis@ks.gov).

# Speech-Language Pathology/Audiology Licensure Renewal Notice

**Your license will expire October 31, 2017. Renewal materials must be postmarked by October 31, 2017 to avoid a \$50.00 late fee.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

License #: \_\_\_\_\_

Lic. End Date: 10/31/2017

CEs Due: See Instruction Sheet

Renewal Fee: \$135.00

**NOTE: ONLY use this application form if NOT using the online renewal process.**

## **Disciplinary/Conviction History:**

During this licensure period, has your license, certification, or registration issued by Kansas or another state or entity been denied, refused for renewal, suspended, revoked, or subjected to any disciplinary action, or have you been convicted of a crime by any state or federal court in the United States?

☐ No ☐ Yes (attach explanation)

## **Continuing Education Attestation:**

The following attestation statement regarding continuing education must be signed to renew your license:

*By signing this application, I affirm that I have completed the continuing education required by regulation. I understand that an audit will be conducted of a percentage of all applications, and should my application be subject to audit, I will provide all documentation as requested. I understand that my license will not be renewed until all required documentation is reviewed and approved. I also know that falsifying any of this documentation may result in disciplinary action against my license.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **If NOT renewing please indicate below:**

\_\_\_\_ I do not intend to renew my Kansas Speech-Language Pathology or Audiology license at this time because:

\_\_\_\_\_  
(Please return this application to the address below so we can update your records)

## **Before mailing your renewal application, be sure that you have:**

- **Enclosed** a non-refundable fee of \$135 made payable to **KDADS**; or completed and enclosed the authorization form to charge fees to your Visa or Master Card.
- **Answered** the disciplinary question
- **Signed** the continuing education attestation

NOTE: As mentioned above, applications postmarked after 10-31-2017 and before 11-30-2017 can still be processed for renewal if the required CE was obtained by 10-31-2017 but a \$50 late fee must be paid in addition to the \$135 renewal fee. After 11-30-2017, licenses are considered lapsed and would have to be reinstated. The fee for reinstatement is \$270.

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES  
SURVEY, CERTIFICATION AND CREDENTIALING COMMISSION  
HEALTH OCCUPATIONS CREDENTIALING

Credit Card Charge for VISA or MASTERCARD

This charge is for: \_\_\_\_\_  
(please print name)

As payment of license fees for:

- ☐ Speech-Language Pathology
- ☐ Audiology License
- ☐ Dietitian
- ☐ Adult Care Home Administrator

Fee amount being paid \$ \_\_\_\_\_

VISA Card Number (required) \_\_\_\_\_

Expiration Date (required) \_\_\_\_\_

Or

MASTERCARD Number (required) \_\_\_\_\_

Expiration Date (required) \_\_\_\_\_

\_\_\_\_\_  
Name of Cardholder (required)

\_\_\_\_\_  
Signature (required)

## METHODS FOR EARNING CONTINUING EDUCATION

## Speech-Language Pathology and Audiology

Type of Educational Activity	Procedure/Definition
<b>PRIOR APPROVED PROGRAMS</b>	<b>SPONSOR OR LICENSEE SUBMITS APPLICATION FOR PRIOR APPROVAL AT LEAST 3 WEEKS PRIOR TO THE PROGRAM.</b>
Workshops, seminars, and educational sessions	The department reviews activity for content and clock hours (rounded down to nearest one-half hour) sponsor provides verification of attendance documenting program approval number and hours attended.
Self-directed study courses: audio tapes, video tapes, study kits, digital video discs (DVDs) and internet-based offerings.	Must have examination or measurement tool to determine successful completion of course. Clock hours awarded as determined by sponsor. Courses must be sponsored by nationally recognized professional organization.
<b>LONG TERM CE SPENSORSHIPS</b>	
<a href="http://www.kdheks.gov/hoc">www.kdheks.gov/hoc</a>	Check this site for lists of KDHE approved sponsorships and prior approved CE programs.
<b>OTHER PROGRAMS</b>	
Programs, workshops, seminars, poster sessions, educational activities.	Content and objectives must be related to the practice of speech-language pathology and audiology as defined by KSA 65-650(c) and (f). Poster Sessions: one-half clock-hour of CE shall be awarded for attendance at two poster displays with a maximum of two clock-hours of CE awarded for attendance at poster displays per licensure period.
College courses by an accredited college or university.	For Credit: 1 semester credit hour = 15 clock hours      For Audit: = 8 clock hours 1 trimester credit hour = 14 clock hours                                 = 7 clock hours 1 quarter credit hour    = 10 clock hours                                 = 5 clock hours
Preparation and presentation of a new seminar, lecture or workshop.	Two (2) clock hours of continuing education may be awarded for each clock hour of contact between presenter and attendant. Clock hours will be prorated among instructors if presentation has more than one instructor; hours awarded for one presentation only.
Preparation and presentation of a new undergraduate or graduate course in speech-language or audiology at an accredited college or university.	Six (6) clock hours of credit may be awarded per new course, up to a maximum of 12 clock hours. Clock hours will be prorated if prepared and presented by more than one instructor.
Supervision of a postgraduate professional experience (clinical fellowship year)	Five (5) clock hours of continuing education shall be awarded for each supervision. Only one supervision may be awarded per licensure period. Supervisors name and signature must appear on supervisee=s temporary license application.

Activities not suitable for subject areas are marketing, personal development, time management, human relations, collective bargaining tours and inservice which is considered as part of licensee=s job responsibilities.

## **CONTENT AND OBJECTIVE OF CONTINUING EDUCATION ACTIVITIES**

### **Speech-Language Pathology and Audiology**

**Basic Communication Processes:** Normal Development and Use of Speech-Language and Hearing including but not limited to:

- anatomic and physiologic bases of the normal development and use of speech, language and hearing.
- physical bases and processes of the production and perception of speech, language and hearing.
- linguistic and psycholinguistic variables related to normal development and use of speech, language and hearing.
- technical, biomedical, engineering and instrumentation information.

**Professional Areas:** Disorders of Speech, Language and Hearing including but not limited to:

- various types of communication disorders, their manifestations, classifications and causes.
- evaluation skills, including procedures, techniques and instrumentation for assessment.
- management procedures and principles in habilitation and rehabilitation of communication disorders.

**Related Areas:** Understanding human behavior, both normal and abnormal, services available from related professions which apply to practice of speech-language pathology, audiology or both including but not limited to:

- theories of learning and behavior
- services available from related professions dealing with persons having disorders of communication.
- information about professions concerning sensory, physical, emotional, social or intellectual states of children or adults.
- general principles of program management, professional ethics, clinical supervision, counseling and interviewing.

TO BE COMPLETED BY ALL LICENSEES WHO SUPERVISE ONE OR MORE ASSISTANTS. NOTE: READ THE ATTACHED COPY OF K.A.R. 28-61-8 TO DETERMINE ASSISTANT STATUS OF ALL SUPPORT PERSONNEL, INCLUDING CERTIFIED AUDIOMETRIC TECHNICIANS AND PARAPROFESSIONALS.

## KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES NOTICE OF SPEECH-LANGUAGE PATHOLOGY OR AUDIOLOGY ASSISTANT

**To be completed by the supervising Kansas licensed speech-language pathologist or audiologist  
Please complete each time there is a change in assistant and/or each time you renew your license.**

A separate form must be submitted for each assistant. Photocopy this form as needed.

The licensure law, KSA 65-6501, defines a speech-language pathology or audiology assistant as an individual who:

- 1) meets minimum qualifications established by the Secretary of Aging and Disability Services, which are less than those required for licensing (see attached KAR 28-61-8)
- 2) does not act independently; and
- 3) works under the direction and supervision of a licensed speech-language pathologist or audiologist. The supervisor must be licensed in the field in which the assistant provides services.

The licensed supervisor is responsible for determining that each assistant under the licensee's supervision is satisfactorily qualified and prepared for the duties assigned to the assistant.

The licensed supervisor must retain and maintain the following records on file:

- documentation that the assistant possesses a high school diploma or equivalent;
- a record of the assistant's initial training, including the name of the Kansas licensed speech-language pathologist or audiologist who conducted the training, the date and content outline of the training;
- a log of ongoing supervised training indicating at least one hour per month, including the name of the licensed speech-language pathologist or audiologist who conducted the training; the date, time and content outline of training; and
- copies of written evaluations of the assistant's performance level.

The documentation described above must be provided to the Kansas Department of Health and Environment (the Department) upon departmental staff's request.

The licensed supervisor must provide the following information to the Department regarding each assistant under the licensee's supervision within 30 days of employment of the assistant.

TYPE OR PRINT LEGIBLY

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### PART 1 SUPERVISOR'S INFORMATION

- Supervisor's license number \_\_\_\_\_ Expiration date \_\_\_\_\_
- Supervisor's name \_\_\_\_\_
- |      |       |    |
|------|-------|----|
| Last | First | MI |
|------|-------|----|
- Supervisor's address \_\_\_\_\_
- |        |        |       |
|--------|--------|-------|
| Street | PO Box | Apt # |
|--------|--------|-------|
- \_\_\_\_\_
- |      |                 |     |
|------|-----------------|-----|
| City | State<br>(home) | Zip |
|------|-----------------|-----|
- Supervisor's phone (work) \_\_\_\_\_
- 

(OVER)

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**PART 2** ASSISTANT INFORMATION

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•Assistant=s Name\_\_\_\_\_

•Assistant=s social security number\_\_\_\_\_

•Employed by\_\_\_\_\_

•Employment Location\_\_\_\_\_

Street

PO Box

City

State

Zip

•Date employment began \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of hours working weekly:\_\_\_\_\_

•Date employment ended \_\_\_\_/\_\_\_\_/\_\_\_\_ (If reporting that an assistant no longer works with you)

•Employment setting is: (indicate one)

\_\_\_\_school district/cooperative

\_\_\_\_hospital

\_\_\_\_adult care facility

\_\_\_\_clinic

\_\_\_\_university

\_\_\_\_private practice

\_\_\_\_government health dept.

\_\_\_\_other (specify)\_\_\_\_\_

•Assistant's highest level of education: (indicate one)

\_\_\_\_high school diploma or equivalent

\_\_\_\_undergraduate college credits

\_\_\_\_bachelor=s degree in \_\_\_\_\_

\_\_\_\_advanced degree in\_\_\_\_\_

Has the assistant received training prescribed in KAR 28-61-8(a)?

\_\_\_\_Yes      \_\_\_\_No

•If yes, date training completed\_\_\_\_/\_\_\_\_/\_\_\_\_

If no, explain\_\_\_\_\_

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**PART 3** LICENSED SUPERVISOR'S SIGNATURE

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I do hereby attest that the information supplied in this form is accurate and complete to the best of my knowledge and that I am the person described in this form as the Kansas licensed supervisor. I have read KAR 28-61-8 which regulates speech-language pathology and audiology assistants. The documentation prescribed in KAR 28-61-8 and listed on this form is on file. I further attest that the assistant named in this form will receive ongoing supervised training provided by a Kansas licensed Speech-Language Pathologist or Audiologist for a minimum of one hour per month.

\_\_\_\_\_  
**Licensed Supervisor's Signature**

\_\_\_\_\_  
**Date**

Send this completed form to:

HEALTH OCCUPATIONS CREDENTIALING  
612 S KANSAS AVE  
TOPEKA KS 66603



**28-61-8. ASSISTANTS.**

(a) *Each speech-language pathology assistant and each audiology assistant shall meet the following criteria:*

(1) *Have received a high school diploma or equivalent;*  
(2) *complete a training program conducted by a Kansas-licensed speech-language pathologist or audiologist. This training shall include the following:*

- (A) *Ethical and legal responsibilities;*
- (B) *an overview of the speech, language, and hearing disorders;*
- (C) *response discrimination skills;*
- (D) *behavior management;*
- (E) *charting of behavioral objectives and recordkeeping;*
- (F) *teaching principles, if applicable to the employment setting; and*
- (G) *other skill training as required by the employment setting; and*

(3) *receive ongoing supervised training by a Kansas-licensed speech-language pathologist or audiologist for at least one hour per month.*

(b) *Any speech-language pathology assistant or audiology assistant may perform the following:*

(1) *Follow documented treatment plans and protocols that are planned, designed, and supervised by a Kansas-licensed speech-language pathologist or audiologist;*

(2) *record, chart, graph, report, or otherwise display data relative to client performance, including hearing screenings, and report this information to a supervising speech-language pathologist or audiologist;*

(3) *participate with a Kansas-licensed speech-language pathologist or audiologist in research projects, public relations programs, or similar activities;*

(4) *perform clerical duties, including preparing materials and scheduling activities as directed by a Kansas-licensed speech-language pathologist or audiologist;*

(5) *prepare instructional materials; and*

(6) *perform equipment checks and maintain equipment, including hearing aids.*

(c) *A speech-language pathology assistant or audiologist assistant shall not perform any of the following:*

(1) *Perform standardized or nonstandardized diagnostic tests, conduct formal or informal evaluations, or provide clinical interpretations of test results;*

(2) *participate in parent conferences, case conferences, or any interdisciplinary team without the presence of a supervising Kansas-licensed speech-language pathologist or audiologist;*

(3) *perform any procedure for which the assistant is not qualified, has not been adequately trained, or is not receiving adequate supervision;*

(4) *screen or diagnose clients for feeding or swallowing disorders;*

(5) *write, develop, or modify a client=s individualized treatment plan in any way;*

(6) *assist clients without following the individualized treatment plan prepared by a Kansas-licensed speech-language pathologist or audiologist or without access to supervision;*

(7) *sign any formal documents, including treatment plans, reimbursement forms, or reports. An assistant shall sign or initial informal treatment notes for review and signing by a Kansas-licensed speech-language pathologist or audiologist.*

(8) *select clients for services;*

(9) *discharge a client from services;*

(10) *make referrals for additional services;*

(11) *use a checklist or tabulate results of feeding or swallowing evaluations;*

(12) *demonstrate swallowing strategies or precautions to clients, family, or staff; or*

(13) *represent that person as a speech-language pathologist or audiologist.*

(d) *Each assistant shall be supervised by a Kansas-licensed speech-language pathologist or audiologist. The supervisor shall be licensed to practice in the field in which the assistant is providing services.*

(1) *Each supervisor shall be responsible for determining that the assistant is satisfactorily qualified and prepared for the duties assigned to the assistant.*

(2) *Each supervisor shall obtain, retain, and maintain on file documentation of the assistant=s qualifications and training outlined in subsection (a).*

(3) *Only the supervisor shall exercise independent judgment in performing professional procedures for the client. The supervisor shall not delegate the exercise of independent judgment to the assistant.*

(4) A speech-language pathologist or audiologist who holds a temporary license shall not be eligible to supervise assistants.

(e) Each supervisor shall directly supervise at least 10 percent of the assistant=s client contact time. No portion of the assistant=s direct client contact shall be counted toward the ongoing training required in subsection (a). No portion of the assistant=s time performing activities under indirect supervision shall be counted toward client contact time.

(f) *ADirect supervision@* shall mean the on-site, in-view observation and guidance provided by a speech-language pathologist or audiologist to an assistant while the assistant performs an assigned activity.

(g) *AIIndirect supervision@* shall mean the type of guidance, other than direct supervision, that a speech-language pathologist or audiologist provides to an assistant regarding the assistant=s assigned activities. This term shall include demonstration, record review, and review and evaluation of audiotaped sessions, videotaped sessions, or sessions involving interactive television.

(h) Each supervisor shall, within 30 days of employing an assistant, submit written notice to the department of the assistant=s name, employment location, and verification that the assistant meets the qualifications listed in subsection (a). Each supervisor shall notify the department of any change in the status of an assistant.

(i) Each supervisor shall perform all of the following tasks:

(1) Develop a system to evaluate the performance level of each assistant under the licensee=s supervision;

(2) retain and maintain on file documentation of the performance level of each assistant supervised; and

(3) report to the department at the time of the supervisor=s license renewal, on a department-approved form, the name and employment location of each assistant.

**(Authorized by K.S.A. 65-6503; implementing K.S.A. 65-6501; effective Dec. 28, 1992; amended March 16, 2001; amended April 16, 2010.)**